

# PSYCHOLOGY TRAINING PROGRAM POLICY MANUAL

Salt Lake City VA Health Care System

Revised: 7/30/20

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## ACCREDITATION

We are committed to maintaining APA Accreditation for our Internship and Post-Doctoral Resident Fellowships.

Questions related to our accreditation status or standards of accreditation should be directed to the Commission on Accreditation:

American Psychological Association  
Office of Program Consultation and Accreditation  
750 1<sup>st</sup> St, NE  
Washington, DC 20002

Ph: (202)336-5979

Web: [www.apa.org/ed.accreditation](http://www.apa.org/ed.accreditation)

Email: [apaaccred@apa.org](mailto:apaaccred@apa.org)

<b>Program</b>	<b>Initial Year of Accreditation</b>	<b>Next Accreditation Review</b>
Internship	1979	2020
Fellowship	2011	2018

## OVERVIEW OF THE TRAINING PROGRAM

### Training Programs

The Psychology Training Program is provides training for Practicum students, Interns and Post-Doctoral Fellows in psychology. All of the programs are 12 months long. The program's structure allows for both breadth and depth of clinical experiences based on the individual's training needs and interests. Trainees can learn a variety of intervention approaches and work with a broad range of professionals and other trainees from many disciplines. We encourage trainees to form strong connections with their cohorts and trainees from other tracks or training programs.

Program	Brief Description	Number of Trainee Slots
Practicum	Trainees work closely with one supervisor to gain experience in a specific area of clinical practice:  General Mental Health Health Psychology Addictions PTSD	15
Internship	Trainees receive clinical supervision and didactic training while they complete two 6 month long core rotations in mental health treatment and neuropsychological assessment, and four rotations lasting 3 months each.	8
Post-Doctoral Residency	Trainees receive advanced training in Addictions, Health/Gero Psychology, or PTSD.	5

### Training Handbook and Manuals

This Training Program Policy Manual covers policies and philosophies relevant to all of the different training programs. Each program has their own Handbook that provides more detail into the specific elements of that program such as completion requirements, rotation descriptions, program structure and supervisor biographies.

## Program Leadership

Pat Miller, PhD  
Chief of Psychology.

Ben Swanson, PhD  
Director of Psychology Training

Harrison Weinstein, PhD  
Associate Director of Psychology Training

Cicely Taravella, PhD  
Psychology Fellowship Co-Training Director (PTSD)

Renn Sweeney, PhD  
Psychology Fellowship Co-Training Director (Health/Gero)

Heather Pierson, PhD  
Psychology Fellowship Co-Training Director (Addictions)

## Steering Committee

The Steering Committee is a standing committee serving in an advisory role for the entire training program. The committee assists with strategic planning, program development, quality assurance, accreditation, supervisor training & support, and issues relating to trainee performance, conduct, and remediation.

### Committee Membership:

- Bret Hicken, PhD
- Amber Martinson, PhD
- Jo Merrill, PhD
- Tom Mullin, PhD
- Heather Pierson, PhD
- Christy Rosner, PhD
- Ben Swanson, PhD
- Renn Sweeney, PhD
- Cicely Taravella, PhD
- Ruthie Varkovitzky, PhD
- Joe Wanzek, PhD
- Harrison Weinstein, PhD

## Substantive Program Changes

The training program will notify all staff, supervisors, trainees and regulatory agencies of any substantive program changes. We work to involve all stakeholders, including trainees, in change processes so that the training community has a voice in changes that will impact them. Health care is a dynamic field that

has been a state of almost constant change for decades. Change is the norm, and many systemic changes may come in the form of mandates from various levels of leadership in the VA and U.S. Government or from accrediting organizations.

## OVERARCHING AIMS OF TRAINING PROGRAM

The over-arching goal of the psychology training program is to train psychologists to function in an informed, competent, independent, and ethical manner across a wide range of health care settings.

Our specific aims are to both broaden and refine trainees' existing clinical skills, to foster further growth in ethical and culturally competent therapy, assessment, research, supervision, and consultation, to facilitate reflective practice and self-care, to broaden communication and interpersonal skills, and to deepen trainees' sense of professional identity. We work to develop professionals that are capable of clinically independent decision making.

## TRAINING PHILOSOPHY

### Mission

In addition to providing the best care to veterans, training future psychologists is a cornerstone of our purpose in the VA. All of us had teachers and mentors and supervisors who understood these responsibilities and who took the time to guide, shape, and nurture our growth. We train to continue this service. We train because it matters to us, to the Veterans we serve, and ultimately to the profession of psychology.

### Training Core Values

We are committed to creating a supportive, safe, and nurturing training environment that facilitates growth in our trainees as individuals and professionals. We commit to providing ethical and culturally competent, developmentally sensitive supervision, that fosters professional growth, autonomy, and accountability. We commit to consistently demonstrating benevolence, ethical behavior, and humility in our clinical practice and supervision. We commit to continually examining our practices and to growing as supervisors and Psychologists.

We acknowledge that real boats rock, problems and conflicts are inevitable, and everyone makes mistakes. We will take responsibility for our mistakes and are committed to working together to solve problems and conflicts compassionately and respectfully.

### Commitment to Diversity

The VASLCHCS Psychology Service makes efforts to recruit and maintain a diverse psychology staff in a geographic region with limited ethnic and racial diversity. As such, the Training Program places a high value on attracting a diverse group of trainees and on maintaining an awareness of diversity issues.

Throughout the training year, the training program provides various learning activities and trainings that build upon the multicultural competency from graduate training. For example, the training program schedules several seminars directly dealing with a variety of diversity topics. We have speakers discuss

issues of multicultural competency, religion/spirituality, gender, sexual orientation, culture, and age. The topics vary year to year, in large part due to the requests of the individual training cohort and their expressed needs.

The VASLCHCS is an Equal Opportunity Employer. The Psychology Service actively supports and is in full compliance with the spirit and principle of Affirmative Action in the recruitment and selection of staff and interns. We provide equal opportunities in employment and training for all qualified persons and do not discriminate on the basis of race, color, religion, sex, national origin, age, disabilities, ethnicity, or sexual orientation. In accordance with federal government employment regulations, only citizens of the United States are eligible for training positions funded by the Department of Veterans Affairs.

## Training Community

We believe that psychology training works best when viewed as a community of professionals working together to learn and grow professionally. The community includes trainees, supervisors, staff from many disciplines, training programs, patients, leadership at many levels and professional organizations.

## Practitioner-Scholar Model of Training

The program is based in a practitioner-scholar model of training. Our main focus is training in clinical skills for trainees primarily interested in clinical practice informed by scholarly inquiry and empirically based treatments. Trainees are encouraged to use the scientific method in their clinical thinking.

## Individualized Training

We expect that our trainees will arrive with varying training needs, strengths and growth areas. We select trainees with strong clinical interests, and with a willingness to learn and develop higher level skills. We expect that all of our trainees will consistently demonstrate benevolence, ethical behavior, and humility in their practice and training. We expect that you will commit to growing in your transition from student to professional and that you will actively seek opportunities to facilitate your development and communicate your training needs to us.

We encourage trainees to openly discuss their thoughts, ideas and concerns about different career paths without feeling pressured to choose the VA as their career. Much of the training process of becoming a psychologist involves exploring our interests and trying things that we then hope to never ever have to do again under any circumstance. We can also find new passions and areas of interest that we may not have thought we would. Our career focus and values will almost certainly change many times over the course of our lives. We want to help trainees learn how to create a long productive career that supports them financially and as human beings.

## Work-Life Balancing & Self-Care

We value the on-going process of balancing our work and other areas of our life. We acknowledge that the balancing is a verb and not a permanent state of being. Supervisors will check in with trainees and discuss this balance throughout the training year. This can be a challenging area over the course of our



career, particularly during our training years. Maintaining our well-being and health is a cornerstone of ethical practice.

Inevitably, in the course of the long marathon that is becoming a Psychologist, there are crunch times when you will be stressed and overwhelmed. This is not a failure of work-life balancing or self-care. Curious, caring, hardworking and often self-sacrificing people tend to be drawn to our profession. We can take on too much because so many things are interesting, and we love a challenge. The balancing comes in when you must make some difficult choices regarding focusing on some things and saying no to other things as well as taking time to recover and recharge as needed. Ultimately, in this long marathon of becoming, no one will throw Gatorade on you but you. We'll check in with you and see if it's time for a splash.

We hope trainees will feel comfortable discussing this issue in supervision for assistance with strategically managing their workload during times of predictably increased stress such as finals, dissertation defenses, EPPP, playoffs for your favorite sport, comic-cons or other important events before those times arrive.

Our work will affect us on a personal level, mostly in good ways such as providing meaning and purpose, other times it can be painful and even heartbreaking. Be mindful of vicarious traumatization. Sometimes, it comes as a single incident, other times it's accumulative. The only thing this says about you as a person or professional is that you are human. Seek support and decompression services from others.

## SUPERVISION

We seek to balance supporting and challenging trainees appropriately. We want trainees to work hard and learn while approaching their work with a sense of compassion, humility, curiosity and wonder.

### Supervision Standards

Trainees in all areas of the training program will be supervised by licensed psychologists that are credentialed providers through the VA Medical Center. Residents and Interns will have at least two primary supervisors at any given time. All supervisors will have regular weekly times scheduled for individual supervision and are often available for consultation. Trainees typically receive supervision above and beyond this minimum requirement. There is often a high level of "on the fly" supervision, as care is quickly discussed on an as needed basis—this does not take the place of regularly scheduled supervision. It is also expected that trainees will seek out additional supervision and consultation as needed.

### Supervisor Training

The quality of a training program is largely based in the quality of the supervision. The Psychology Training Program works to provide support and on-going training for our clinical supervisors. None of our staff are required to be clinical supervisors. All of our supervisors want to be supervisors and enjoy the process. We take the evaluations and feedback from trainees about supervisors seriously. We are happy to assist with problem-solving or mediation if interpersonal issues arise with a supervisor. We are

committed to maintaining excellent supervision, and we will remediate or remove staff that are not performing at the necessary level to continue to be supervisors.

To support our supervisors, we have a supervisor training program that provides workshops, training experiences and mentorship for early career psychologists. Our current clinical supervisors are organized into “pods” that meet monthly to discuss issues relating to supervision. These pods including supervisors from different areas of practice as well as differing levels of supervisory experience ranging from those in their first year of supervision to others with over 30 years supervisory experience. The program provides consultation to supervisors and meets with them throughout the year to discuss trainee progress and training plans.

Bios for supervisors are available in handbooks for the different training programs.

### Graduate Levels of Responsibility & Supervision

Providing safe and effective care to veterans is a priority and our collective responsibility as a training program. The level of supervision provided is based on the trainee level and their level of competency in specific tasks and areas of practice. According to VHA Handbook 1400.04, Supervision of Associated Health Trainees, there are 3 general levels of supervision:

- Room. The supervisor is physically present in the same room while the trainee is engaged in health care services.
- Area. The supervisor is in the same physical area and is immediately accessible to the trainee. The supervisor meets and interacts with the patient as needed. The trainee and supervisor discuss, plan, or review evaluation or treatment.
- Available. Services furnished by trainee under the supervisor’s guidance. The supervisor’s presence is not required during the provision of services. The supervisor is available immediately by phone or pager and able to be physically present as needed.

Supervisors will work with supervisees and consult with the training director as needed to determine the appropriate level of supervision required for different competencies and tasks, and they will adjust that level of supervision accordingly. Trainees are expected to make progress over the course of their training year, and this includes moving toward being able to provide services at increasingly higher levels of responsibility.

Trainees are expected to honestly and openly communicate their training needs, skills and confidence in providing specific services. While we will encourage and at times challenge trainees to take on new skills or tasks, we will respect trainees setting boundaries if they believe something is beyond their current training level or scope of practice and we’ll help develop a plan for you to achieve that competency.

### Power Differentials, Evaluation & Gatekeeping

The relationship between a supervisor and supervisee is inherently evaluative. Training programs and supervisors have a responsibility as professional gatekeepers to protect the public and patients from providers that may be impaired or unable to provide competent service. We approach that

responsibility with humility, thoughtfulness and respect. We seek to manage the power differential to create a collegial learning environment by maintaining transparency regarding decisions and their rationale, fair processes and procedures for grievances and remediation, and engaging in on-going program evaluations.

## Boundaries in Supervision

Professional training in psychology is unique because it involves not only the communication and acquisition of a body of knowledge and skills, it is also highly relational, and can include processing our thoughts, feelings, experiences and relationships with our patients and with each other.

Boundaries within this context may be vague at times, and while a supervisor will not take the role of a therapist with a trainee, it may be appropriate and necessary to include some personal exploration and disclosure.

Supervisors differ widely in their reliance on interpersonal process and their exploration of how a trainee's personal life and experiences may impact their professional life and work based on their own boundaries and theoretical orientations. These explorations are considered appropriate within the context of a professional relationship when they relate to the supervisee's current clinical work or their professional development and the trainee consents for this exploration.

Supervisors and supervisees are encouraged to respect personal privacy and value personal exploration and growth within the context of a supportive professional relationship, while acknowledging power differentials, diversity and intersecting elements of privilege and oppression.

Coercive or abusive behavior is never appropriate. We do not require trainees to disclose personal information to their clinical supervisors except in cases where personal issues may be adversely affecting a trainee's performance or interactions with patients and such information is necessary to address these difficulties. Trainees and supervisors may involve the Ombud or training director to consult about boundary issues in supervision and how best to approach specific problems or situations.

## Privacy & Confidentiality in Supervision

We want to create an environment where there is a strong level of trust between the training program, clinical supervisor and trainees. Disclosure of information shared during supervision outside of supervision is guided by the utility of the information in facilitating appropriate training while respecting privacy as much as possible and the need for safe spaces so that trainees can explore and grow. Ultimately, issues discussed in supervision cannot be held to be private or confidential. Supervisors will meet with training program leadership and other supervisors over the course of the training year to discuss progress and challenges faced by their supervisees, and supervisors will use their best judgement and discretion in deciding whether to disclose certain information raised in supervision. Faculty in the training program may be included in these discussions.

In the case of a disciplinary or remediation process, information shared in supervision may be disclosed to appropriate parties outside of the training program such as Human Resources, VA leadership, the trainee's Director of Clinical Training from their graduate program or equivalent, and agencies with regulatory responsibilities such as the APA or APPIC. The Steering Committee is also briefed on the

progress of various trainees, often in the context of exploring ways to help a trainee improve or to identify and address problems in the program.

### Openness to Feedback

Everyone involved in training, including leadership, clinical supervisors and trainees are expected to be open to giving and receiving feedback as appropriate. Much of how we learn is through feedback. Feedback offered supportively in the spirit of helping and good faith is valued. Ultimately, a person may not agree with the feedback, but we hope they will consider it and seek to understand the perspective of the person providing it.

### Texting

Some supervisors and supervisees may exchange phone numbers and text with their personal devices for ease of communication. This is not required or forbidden. Personal boundaries regarding the content and timing of texts are to be respected as are regulations regarding protecting patient information.

## CRISIS MANAGEMENT

### Emergency Consultation

For an immediate problem, the trainee is expected to contact their immediate supervisor(s) first. If the immediate supervisor is not available, they should contact the Director or Associate Director of Training or the Chief of Psychology (in that order) for emergency consultation. If, in the course of conducting patient assessment or treatment, the trainee has any concern about a patient's dangerousness to self or others, the intern is required to bring this to the supervisor's attention as soon as possible or necessary to prevent untoward outcome and document the consultation. For outpatients, this consultation should occur prior to the patient's leaving the Medical Center if appropriate to the level of concern or risk. The supervisor will then determine whether any steps need to be taken to protect the patients or others, and will assure that documentation appropriately reflects actions taken.

### Trainee Safety

Trainees have the right to refuse to see a patient if they are harassing, abusive, or you feel physically threatened. We encourage trainees and supervisors to review safety plans and response options at the beginning of a training experience and revisit this topic frequently.

## PROFESSIONAL COMPETENCY EVALUATION

### Evaluative Philosophy & The Evaluation Process

Evaluation is an ongoing, continuous, and reciprocal process. Trainees should be aware of how they are doing via on-going feedback prior to a formal evaluation. Problem areas are expected to be identified early along with plans for how the trainee can improve their performance. Formal evaluation processes occur throughout the training year as noted in the appropriate program handbook using the training program's standardized format.

## Training Plans

Training plans are dynamic, “living” documents that should be updated throughout the training year. They are the plan over the course of the training year and are developed with the trainee’s training director. They include the training needs, goals and plans for how to meet them. They are based on trainee self-reflection and assessment as well as assessment by their supervisors codified in written evaluations. They are reviewed with the appropriate training directors at regular intervals throughout the training year.

## Minimum Passing

The minimum passing expectations are determined by the specific training programs and assessed by the clinical supervisor in consultation with training directors. Essentially, trainees must be functioning at the minimum expected level of competence across all relevant domains appropriate to their training level to complete their training year. They are also expected to have completed all requirements of their program. Areas of competence not meeting minimum standards may be addressed in the training plan as part of the normal course of professional development, or they may require a remediation plan based on the judgement of the supervisor and training directors. Extensions beyond the training year to complete hours or meet requirements are granted at the discretion of the Director of Training and Chief of Psychology based on the trainees performance, estimated time to meet standards, and availability of supervisory resources.

## LEAVE POLICIES

Trainees eligible for paid leave are expected to comply with all medical center policies pertaining to employee behavior including leave. This includes using leave for the purpose for which it is intended, scheduling leave in advance as much as possible and providing accurate statements regarding absences.

Trainees should inform the Training Director for their track and ALL supervisors of planned absences. This facilitates coordination of unexpected clinical or administrative issues that cross beyond rotation days.

Different tracks and rotations may have different requirements for scheduling and taking leave, especially unplanned leave. Interns should discuss this process at the start of a rotation with their supervisors. It is the intern's responsibility to take appropriate action for scheduling patient care responsibilities and appointments (e.g. informing your supervisor or requesting other staff cancel the appointments).

Annual Leave (AL) is considered your vacation time. We encourage you to use your leave time. To use your leave, simply enter a request into VATAS (our time-keeping system) and then you will be notified when it is approved by the TD via email. Generally, it is best to plan AL ahead of time and let your supervisors know when you will be out.

Occasionally, there may be special events or last minute obligations, and you may wish to request this the same day. In this situation, instant message the TD (or ATD if the TD is out), and request the time off, and if approved enter a VATAS request and notify your rotation supervisors before you leave. You cannot take same day AL if you have a patient scheduled during the time you want to take leave.

Although you are free to use your AL as you choose, please distribute time off throughout the year so no rotation has significantly fewer working days than another as much as possible. Scheduling leave during the beginning of a rotation period should be avoided if possible. Any leave that is not used at the end of the year is paid out at your hourly equivalent wage.

Sick Leave (SL) is for use when you are ill, or for upcoming medical or dental appointments (or taking care of a sick family member). Any sick leave that is not used at the end of the internship year will be reinstated if you return to federal employment. Sick leave CANNOT be used in lieu of annual leave. When an employee requires sick or unscheduled leave, they should request it before the beginning of the work day or where this is not possible, within the first two hours of their scheduled tour of duty.

### **CALLING IN SICK**

In the case of unexpected illness necessitating absence, interns will call in on the Mental Health Line, 801.584.1217, and leave a message, spelling their last name and indicate if there are clinics to cancel and any special instructions. *Trainees need to also leave the name of their clinics so that the cancellation team can identify and call their patients. If a patient has an appointment cancelled, the trainee is responsible to verify if the MSA was able to reschedule the patient with them, and if not the trainee will call and reschedule with the patient and also document these efforts in the patient chart.*

*If the trainee believes they are going to be out for several days, they should include that information in their voicemail message so that patients can be contacted.*

*Trainees eligible for sick leave will enter it upon their return.*

*Trainees are encouraged to text their training director and let them know they are out sick. This is to make sure that patients were contacted by the cancellation team.*

~~Interns will need to call in every day that they will be out sick. For example, they may not call on Monday and say they'll be out all week.~~

A trainee can cancel an appointment with patients if they need to have a same-day medical appointment. They can do this by calling the patient themselves, or calling the Mental Health Line and letting them know that there are patients that need to be rescheduled.

Trainees are encouraged to monitor the "Urgent Calls" group email to note if their supervisor or TD is out sick for the day.

Family Care (CB) Leave may be used when caring for a family member. It is deducted from your sick leave. Family care is limited to immediate family members: children, spouse or partner, parents, grandparents, siblings, and grandchildren. It can also be used when attending a funeral.

Authorized Absence (AA) is a privilege and not a right; its use can be revoked. AA is meant to support a trainee's *individual training plan*. AA is additional leave that may or may not be granted. AA is for participating in professional development activities, such as a professional conference outside the Medical Center. Examples of appropriate use: defend a dissertation, interview for postdoctoral

positions or jobs, or attending a conference. AA can occasionally be used for other dissertation-related issues, but not for travel.

Approval of Authorized Absence requires that the following be provided to the TD *prior to* departure and submission of time in VATAS:

- Written request (electronic is fine) summarizing the location, along with specific dates, times, and education/training associated with the professional development activity.
- If requested, please provide a copy of brochure and evidence for registration (meetings, conferences, workshops), or copy of invitation to Postdoctoral Fellowship interview, including dates and times of interviews.

These hours are credited toward internship if they have been approved in advance by the TD. On-site educational activities, which typically are sponsored by the VASLCHCS, do not require official leave.

Compensatory Time (Comp Time) is used by staff to accommodate individuals who, for urgent/necessary patient-care issues, periodically work over-time. Examples may include crisis intervention, late sessions, or urgent documentation, but *do not include* daily paperwork/reports, evening groups, literature reviews, etc. Interns who conduct evening groups should adjust their schedules accordingly (i.e., starting their day later), ensuring that they limit their scheduled workweek closer to 40 hours.

Trainees are expected to work 40 hours per week, and take Annual Leave for vacation or personal reasons. In the event that they find themselves in an urgent/necessary patient-care situation, they should notify their TD, supervisor, and then work with their supervisor to coordinate when to take that time off ideally ***sometime within that same week***. Trainees should notify their supervisors and the TD when they leave the station on comp time.

Trainees who choose to stay late for non-urgent reasons should not expect to use that time as Comp Time. Do not stay late and expect to be able to apply that towards a vacation three weeks later. If you are having difficulty completing your work within the 40-hour workweek, please discuss your concerns with any of your supervisors, training director, assistant training director, and/or ombudsperson.

In the event that you elect a rotation that has duty hours outside your regular tour (8-4:30), please negotiate with your supervisor a schedule that allows you to keep closer to a 40-hour week, and discuss this with the TD for final approval prior to changing your schedule. For example, if an intern will be staying late for evening groups, their schedule may be 1-9:30 on the day that they stay late.

## GENERAL EXPECTATIONS

### Federal Employment/Trainee Status

Trainees **must** meet all federal hiring requirements, including a background check, pre-employment physical examination or attestation from their DCT, and acknowledge they are subject to random drug screenings. Trainees are expected to comply with VA policies and procedures. This includes the policies around immunizations and flu shots.

## Communication with Supervisor

Trainees are expected to keep their supervisors updated on their clinical load, particularly with patients that may present with increased risk to their self or others. Should a patient exceed the abilities or experience of a trainee, the supervisor has the final decision to take over the patient's care and refer them to other resources as needed. Supervisors may choose to meet or contact a supervisee's patients at any point.

## Professional Attitudes, Comportment and Respect

Trainees are expected to conduct themselves at all times with professional attitudes and comportment appropriate to the situation. Generally speaking, the milieu within the Psychology Service is warm and informal. Part of professional identity development includes learning how to be yourself with all of your potential quirks, foibles, undisclosed neuroses and weirdness while still being professional. Professionalism doesn't have to be a mask or an impersonation of a robot.

Politeness, kindness and respect for others is essential to professional conduct.

Trainees are expected to conduct themselves in an appropriate, professional and respectful manner in all interactions with patients and other staff of the Medical Center.

Trainees are expected to abide by all ethical guidelines as stated in the APA's Ethical Principles for Psychologists. Notify your supervisor, Director of Training, or the Chief of Psychology immediately if you are asked to engage in unethical behavior or if you have any questions regarding ethics.

We value a respectful collaborative environment in our training community. Trainees in any program are expected to be helpful and supportive of each other. The training staff genuinely enjoy training. We have an open-door policy and encourage interaction and informal consultations and chats while respecting each other's schedules and time demands.

## Supervisory Authority and Insubordination

There are leadership structures (aka chains-of-command) within the training program, Psychology Service, Behavioral Health, and executive leadership at the facility, regional and national levels. This chain-of-command operates with different levels of responsibility and authority. The Psychology Program Training Director is the primary direct supervisor for all trainees. The Training Directors for the Fellowship tracks have the delegated authority of a direct supervisor for the post-doctoral fellows. The clinical supervisors act as the trainees' direct supervisor for all clinical activities relating to their rotation or placement.

While we value collaboration and collegiality, these values do not necessarily conflict with acknowledging that the training staff and trainees work within a hierarchical system and chain-of-command. All trainees are expected to abide by VA policies and directives from their clinical supervisors, training directors and other lawful orders from leadership in their chain-of-command. Trainees are expected to seek out clarification if they do not understand a policy, procedure or directive. Insubordination is the refusal to follow a legitimate order or directive, ignoring directives or



communication from supervisors or other leadership, or failing to perform assigned tasks or duties. Illegitimate orders or directives are those that would violate laws, policies, or ethical and professional standards of conduct. Trainees that are concerned about directives being illegitimate should bring their concerns to the person issuing the directive and proceed up the chain-of-command as appropriate (eg from clinical supervisor, to training director, to the Chief of Psychology, then to the Chief of Behavioral Health).

### Attire & VA Dress Code

Trainees are expected to dress in a business casual fashion while on VA property—even if not providing direct clinical services. Many parts of the facility participate in “Friday jeans.” Trainees are encouraged to consult with their supervisor to see if Friday jeans are right for them. Side effects of Friday jeans may include increased casualness and a 1-5% increase in charisma.

### Identification Badges

All interns and staff are required to wear their VA issued identification badges at all times during duty hours.

### Changes in Contact Information

Trainees are responsible for notifying their training director of any changes in their email, address or phone number during the year.

### Social Media

As professionals, we all have a responsibility to manage our social media presence. This includes making sure that your profiles and accounts are adequately secure for safety reasons, and that they reflect the way you want others to perceive you. The interwebs are forever! Use caution and good professional judgement. While we do not access trainee profiles as a matter of routine, psychology is a small community made smaller with social media, so problems or concerns may be brought to our attention and we will evaluate and act accordingly. Posting pictures of wild spring breaks may not be the image you wish to have representing you. Angry manifestos supporting cats as the best of all mammals, while accurate, may not be the wisest post to make on the VA’s Facebook page. Ultimately, the way you manage your social media accounts is a reflection of your professionalism and judgement.

### RECORD KEEPING

The Psychology Training Program maintains digital copies of all the evaluations on an intern or fellow in folders for each trainee residing on a shared network drive accessible to the training directors and Chief of Psychology in perpetuity. The program may also store presentations conducted by the trainee, a list of their rotations and training experiences, and verification they completed their training program. The program maintains digital records of formal complaints or grievances filed including documents or emails submitted either in support of the grievance or as part of the response to the complaint or grievance

## ACCOMODATIONS

Trainees are encouraged to discuss and request reasonable accommodations as needed by contacting the Psychology Training Director who will assist them working with Human Resources to establish accommodations.

## GRIEVANCE & DUE PROCESS POLICY

The purpose of this policy is to establish basic policy, principles, and process for identifying and managing problems that may occur during the course of training. Most problems are best addressed through informal and direct, face-to-face interactions between the trainee and supervisor (or other staff), as part of an ongoing professional relationship. It is hoped that the parties involved will be able to satisfactorily resolve disagreements in the least formal manner possible. Our goal is to establish a culture that values self-assessment and reflective practice in both supervisors and trainees. Problems could involve, but are not limited to issues such as: performance evaluations, task assignments, or interactions that are perceived as disrespectful or inappropriate by either party. Trainees are encouraged to first discuss any problems or concerns with their direct supervisor. Conversely, supervisors are expected to first discuss any concerns first with a trainee. Additionally, the expectations for supervisors are to be receptive to issues, work closely with a trainee to develop solutions, and to seek appropriate consultation. Supervisors are expected to engage in regular consultation with supervisory pods and individually as needed. The onus is on supervisors to be cognizant of the fact that clinical supervision always involves a power differential and to be mindful of same.

### Informal Problem Resolution

Informal mediation may be requested by either party. The Psychology Training Director may act as a mediator, or may assist in selecting a mediator that is acceptable to both trainee and supervisor.

### Ombud

Given the power imbalance between trainees and supervisors, the ombudsperson or ombud going forward, is a valuable resource. Ombuds are available to assist trainees at any point, to help them resolve disagreements or problems through less formal means. They are also available to discuss, in confidence, any personal issues that may have an impact on performance in the training program. Early contact is established between the ombud and the trainee cohort, and contact is maintained at regular intervals during the training year. This is done to ensure an open dialogue prior to the development of any potential problems. Trainees are encouraged to notify their respective ombudsperson as early as possible if a problem develops.

## Formal Management of Problems & Grievances

The document provides methods of identifying and managing issues and problems that are not resolved informally. It is meant to be used by both trainees and supervisory staff to resolve issues. This document outlines formal management of: grievances, defines problematic behavior, details due process, and remediation procedures.

### Due Process Guidelines

Due process is intended to provide a framework in which to formally respond to and dispute issues. Due process requires that the training program identify and apply specific evaluative procedures which are applied to all trainees in an equitable manner and provide adequate appeal procedures for trainees.

### General Due Process for a Grievance

General due process can be initiated by the trainee or supervisor. Guidelines stipulate:

During orientation, the expectations of the program are presented in writing and discussed at length with trainees. Elements of this disclosure include:

Stipulating the procedures for trainee evaluation, such as when and how the evaluations are to be conducted.

Clearly communicating what types of actions or behaviors are problematic or are a concern in interns and which rise to the level of a problem.

Clearly communicating the procedures and actions regarding trainee concerns or problems.

A guiding tenet of SLCVA evaluations is that feedback should not be a surprise. There should not be any evaluative comments on a formal evaluation which are new to the trainee. Issues should be discussed early and often. If a behavior is problematic, expect the supervisor to say it early. First addressing issues at the lowest level possible, informally and directly.

For intern trainees, expect early communication with graduate programs about any difficulties. Programs will be included into how to address issues.

Any party involved in the formal grievance process may obtain additional guidance on personnel and grievance policies through the SLCVAHCS Human Resources Office, Legal Department, EEOC Counselors and Ethics Committee. Additional guidance may also be sought from APA CoA, APPIC, the trainee's training program, or Utah Psychologist Licensing Board.

Time is of the essence in matters such as these. Parties in the formal grievance process are encouraged to address the issues promptly.

Utilize the ombud - trainees and supervisory staff may consult with the program's respective ombudsperson at any point during these procedures to assist in the timely resolution of issues.

### Specific Due Processes

**Trainee Due Process.** In the event that a trainee encounters difficulties or problems during his/her training experiences, a trainee should:

- initially discuss the issues with the supervisor or staff member involved;
- if the issue is not sufficiently addressed, trainees could next discuss the issue with the TD, Asst. TD, or ombud;
- if the issue is still not sufficiently addressed, trainees can formally challenge the issue and file a written complaint with the training director. The TD, will consult with the Psychology Steering Committee and either Chief of Psychology and/or Asst. Chief of Psychology Service.
- **Supervisory Staff Member due process.** In the event that a supervisor encounters difficulties or problems with their trainee, supervisory staff should:
- initially discuss the issues directly with the involved trainee. Ideally this conversation should happen before consultation is sought. If the behavior is problematic to the supervisor, it should be brought to the trainee's attention immediately. If it's a problem, say it and move on;
- if the issue is not sufficiently addressed, staff members should consult with either the TD, Associate TD, or the Chief of Psychology.
- if the issue is still not sufficiently addressed and a problematic behavior remains the staff member can formally challenge the issue and file a written complaint with the TD. The psychology TD will consult with the Psychology Steering Committee and either or both Chief and Assistant Chief of Psychology Service.

### CONDUCT, REMEDIATION & DISMISSAL

#### Definition of Problematic Behavior

Problematic Behavior is broadly defined as any interference in professional functioning which could be exhibited by:

- inability to acquire professional skills;
- inability or unwillingness to integrate professional standards into practice;
- inability to control personal stress or psychological dysfunction to the degree that it significantly impacts professional functioning.

Supervisors and training staff use professional judgment to determine when a trainee or supervisor's behavior crosses into problematic behavior, as opposed to a concern. Problematic behaviors typically arise when they include one or more of the following:

- it is not a skill deficit, which can be rectified by academic or didactic training;
- it is not restricted to one area of professional functioning;
- quality of service delivery is negatively impacted;
- the trainee or supervisor does not acknowledge, address, or understand the problem, when identified;
- the trainee or supervisor's behavior does not change as a function of feedback, remediation efforts, or time

### Remediation Process

It is important to have a formal process to address problematic behavior once it has been identified. When implementing remediation or sanction interventions, training staff must be mindful and balance the needs of the trainee, the involved patients, the trainee cohort, supervisory staff, the department staff, the agency, and the discipline.

Verbal Warning emphasizes the need to discontinue the problematic behavior(s) under discussion. The trainee or staff is advised that the first step in the formal remediation process has been taken. In the case of a trainee, the PD informs the psychology TD. A written documentation of the verbal warning is made by the PD. The supervisor will provide clear strategies and recommendations for ameliorating the problem behavior(s). In the case of a supervisor, the psychology TD will provide clear strategies and recommendations for ameliorating the problem behavior. If the trainee or supervisor addresses the problematic behavior appropriately given this feedback, then no further action is necessary.

Written Warning formally acknowledges and documents:

The trainee or supervisor is advised that formal remediation has commenced.

Psychology TD clinical supervisor(s) are aware of and concerned with problematic behavior; the training program will work with the individual to rectify the problem or skill deficit(s).

For intern and practicum trainees, their training program will also be notified after a written warning. For supervisors, Steering Committee and Chiefs of Psychology will also be notified after a written warning.

Consideration will be given to removing the warning from the trainee's file when and if the trainee responds appropriately to the concerns and successfully completes the training. However, if the behavior is not remedied, further action will be taken.

## Probation

Probation is a time-limited, remediation-oriented, closely supervised training period. In the case of a trainee, the purpose of probation is for the training program to assess the ability of the trainee to complete the training successfully and return the trainee to a fully functioning state. The purpose for probation of a supervisor is to closely assess if a supervisor should be providing clinical supervision. Probation defines a relationship that the psychology TD systematically monitors for a specific length of time the degree to which the trainee or supervisor addresses, changes, and/or otherwise improves the behavior associated with the inadequate rating or problem of professional competence.

The trainee or supervisor is informed of the probation in a written statement which includes:

- specific behaviors associated with the unacceptable rating or problem of professional competence;
- recommendations for rectifying the problem;
- time frame for the probation in which the problem is expected to be resolved;
- procedures to ascertain whether the problem has been appropriately rectified;
- notification that the trainee or supervisor has the right to request a review of this action;
- for interns, a copy of the probation is sent to the intern's training program; for supervisors, a copy of the probation is sent to their supervisor.

Probation may or may not involve a schedule modification for the trainee. Modification of a trainee's schedule is an accommodation made to assist the trainee. This period will include more closely scrutinized supervision by the regular supervisors in addition to regular and frequent monitoring meetings with the program PD or psychology TD. A schedule modification is a time-limited, remediation-oriented, period of training monitored by either the PD or TD and is designed to return the trainee to a more fully functioning state.

Components of a schedule modification may include any of the following:

- increasing the amount of supervision, either with the same or different supervisors;
- change in the format, emphasis, and/or focus of supervision;
- reducing the trainee's clinical or other workload;
- requiring specific academic training or coursework;
- recommending personal therapy;

The length of a schedule modification period will be determined by the TD in consultation with the primary supervisors and the Steering Committee. The termination of the schedule modification period will be determined, after discussions with the trainee, discussions with the TD in consultation with the primary supervisors and the Steering Committee. If the TD determines that there has not been sufficient improvement in the trainee's behavior to lift Probation, then the TD will discuss with the primary supervisors and the Steering Committee the possible courses of action. The TD will communicate in writing to the trainee that the

conditions for revoking the probation or modified schedule have not been met. These may include continuation of the remediation efforts for a specified time period and if the trainee's behavior does not change, the trainee will be dismissed from the training program.

Suspension of Direct Service Activities in extreme cases (e.g., severe violations of the APA Code of Ethics, such as a determination that the welfare of the trainee's client has been jeopardized), a trainee can be immediately suspended from patient care by the supervising psychologist or TD. The decision to suspend the trainee will be reviewed by the TD in consultation the Steering Committee to determine if the suspension shall stand. PD and TD, in collaboration with the trainee's supervisors and Steering Committee will assess the trainee's capacity for effective functioning and determine if/when direct service can be resumed.

## Dismissal Process

Dismissal from the training program involves the permanent withdrawal of all agency responsibilities and privileges. When specific interventions do not, after a reasonable time period, rectify the problem behavior, performance or concerns, and the trainee seems unable or unwilling to alter her/his behavior. In cases of egregious conduct that may place patients or others in danger, illegal conduct or other situations deemed severe enough, the remediation process may not be invoked and instead the process would move immediately to the dismissal process.

The dismissal process:

The Psychology Training Director meets with the Chief of Psychology and they discuss the dismissal. If they agree that the situation may warrant dismissal, they will provide written notification to the trainee, and their DCT if the trainee is a practicum student or intern, reviewing the concerns and that a conduct/remediation process has been initiated and dismissal is a potential outcome. At this point in the process, the ombud, if they have been involved, recuses their self from the dismissal process to avoid potential conflicts between their being a staff member employed by the SLC VA HCS, and their role as an ombud

The trainee has two business days to review the information provided, they may contact the TD/Chief for clarification as needed as well as the ombud for their training track, and then they may either schedule a hearing with the TD/Chief or they may choose to respond in writing via email.

The hearing must be occur within two business days of the trainees response or the trainee's written response must be received via email within that time frame unless unusual circumstances exist, and then an extension may be granted to either the TD or the trainee of an additional two business days at the discretion of the Chief of Psychology. Both parties will be notified of such an extension by the close of business on the day that it is granted. Based on the hearing or trainee's written response the process will either be dropped or returned to the remediation process. The trainee may bring their Director of Clinical Training to the hearing.

If the TD and Chief of Psychology agree to proceed with the dismissal process after the hearing or reviewing the written response from the trainee, the TD will meet with the Steering Committee, and they review the situation, information provided by the trainee, concerns and previous efforts to address the concerns. The Steering Committee will vote, and a simple majority of those in attendance is required to move forward with the dismissal process. The TD will then consult with APPIC about the situation if the trainee is an intern, and with the Chief of Staff for Academic Affiliation (DEO) of the SLC HCS. The TD will also involve and consult with appropriate personnel in the SLC VA Human Resources.

The TD reviews the recommendations of APPIC and the DEO with the Chief of Psychology, and, and they may choose to proceed with dismissal or choose to follow other recommendations for retention and remediation, in which case the dismissal process will return to the remediation process noted above.

If the trainee is an intern, APPIC is notified if the decision is to dismiss and will conduct their own review per APPIC policy. APPIC must approve any decisions to end an internship placement.

The TD and Chief of Psychology review the findings of APPIC in the case of an intern, and they inform the trainee and their Director of Clinical Training if appropriate of the decision to dismiss.

The trainee is given 3 business days to respond in writing to appeal their decision.

The Training Director and Chief of Psychology review the intern's appeal. If they agree to grant the appeal, the dismissal process returns to the remediation process or is dropped. If they do not grant the appeal, the trainee is notified of the decision to dismiss, their right of final appeal and how to initiate that process.

For their final appeal, the trainee must respond in writing within 2 business days of the notice of dismissal requesting the final appeal from the DEO via email, and also include the TD & Chief of Psychology on that email to notify them of the trainee's intent to invoke their final appeal. The trainee will include in their email a written statement and all supporting evidence providing a rationale for why their appeal should be granted. The DEO will select two additional reviewers from hospital staff that are outside of the Psychology and Mental Health services, and the three of them will review the case. At their discretion, they may choose to meet with the trainee or not, and they may or may not request additional information from the training program or the trainee. The reviewers will respond within 3 days regarding their decision. The trainee, the training program, and Human Resources will be notified of their decision via email by the close of business on the day of the decision. If the decision is to dismiss, Human Resources will generate an official letter of dismissal and email it to the trainee and their training director.



## EQUAL EMPLOYMENT OPPORTUNITY (EEO)

Per the VA Secretaries Equal Opportunity, Diversity and Inclusion, and No FEAR Policy Statement: “The VA does not tolerate discrimination, including workplace harassment, based on race, color, religion, national origin, sex (including gender identity, transgender status, sexual orientation and pregnancy), age, disability, genetic information, marital/parental status, political affiliation, or retaliation for opposing discriminatory practices or participating in the discrimination-complaint process.”

If a trainee has an EEO complaint of discrimination or harassment, they should follow the procedures outlined by the Office of Resolution Management, Diversity & Inclusion:

<https://www.va.gov/ORM/EEOcomplaint.asp>

, in a separate folder on the shared drive where the other training records are stored.